



Acct #: _____

CLEAN CONSTRUCTION AND DEMOLITION DEBRIS FACILITY APPLICATION

Cook County Department of Environmental Control

AS REQUIRED UNDER THE PROVISIONS OF THE ENVIRONMENTAL CONTROL ORDINANCE (CHAPTER 30 OF THE MUNICIPAL CODE OF COOK COUNTY): In order to receive a permit to operate a clean construction and demolition debris fill operation from the Department of Environmental Control, this application must be submitted and completed in its entirety. If further space is required, include additional sheets as attachments to this form as needed.

Date of Application: _____

Facility Name and Address: _____

Type of Permit Requested: *(check one)*

☐

New Permit
\$2,000

☐

Permit Renewal
\$2,000

☐

Permit Modification

Property Owner:

Property Owner Name

Phone Number

Address, City, State, Zip Code

Facility Owner:

Facility Owner Name

Contact Name

Phone Number

Address, City, State, Zip Code

Acct #: _____

Manager on site:

Name

Phone Number

Emergency After-hours Phone Number

Applicant Information: Please provide the following information, attach additional pages if necessary, and attach all specified documents.

List all owners of the facility. If the owners are themselves non-publically traded corporations or partnerships, list the natural persons who have an ownership interest: _____

If the applicant is a non-publically traded corporation or partnership, please list all owners/shareholders of the corporation. _____

In the past three years, has the applicant, or any owner or officer of the applicant, or any person having control of applicant or any of its operations, including any person(s) listed above, been cited for violations of any federal, state, or local laws, regulations, standards, or ordinances in the operation of any pollution control or waste handling facility, including, but not limited to, the operation of such as site without required permits? If yes, please explain.* _____

In the past 3 years, has the applicant, or any person in control of the applicant, had a pollution control or waste handling facility permit revoked? If yes, please explain the circumstances. _____

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Has the applicant paid all fees required by the Municipal Code and any outstanding debts owed to the County? If not, please explain. _____

Accepted Materials: Check and/or list all the materials to be accepted at the facility:

<input type="checkbox"/> Concrete	<input type="checkbox"/> Bricks	<input type="checkbox"/> Rock
<input type="checkbox"/> Stone	<input type="checkbox"/> Soil	<input type="checkbox"/> Reclaimed Asphalt Pavement
<input type="checkbox"/> Other Masonry Materials	<input type="checkbox"/> Wood	<input type="checkbox"/> Wall Coverings
<input type="checkbox"/> Plaster	<input type="checkbox"/> Drywall	<input type="checkbox"/> Plumbing Fixtures
<input type="checkbox"/> Non-asbestos Insulation	<input type="checkbox"/> Roofing Shingles	<input type="checkbox"/> Other Roof Coverings
<input type="checkbox"/> Glass	<input type="checkbox"/> Plastics	<input type="checkbox"/> Electrical Wiring
<input type="checkbox"/> Other Electrical Components	<input type="checkbox"/> Piping	<input type="checkbox"/> Incidental Metals
<input type="checkbox"/> Other: <i>(List all below*)</i>		

☐ Other: *(please list all)*

Operations: Please answer the following questions. An answer must be provided for each question or the application will be deemed incomplete. The phrase “not applicable” or “N/A” is not a complete answer.

Days and Hours of Operation:

Total material handling capacity (tons/day): _____

Describe how incoming materials are screened and monitored? _____

From which sources will materials be accepted (*public, businesses, etc.*)? _____

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How will materials be separated (by hand, mechanical), if applicable? _____

Are any additional methods used to process the materials (*including bailing, shredding, crushing, etc.*)? _____

List all other equipment and/or machinery that will be used: _____

Describe methods, processes, equipment, etc. that will be used to control water, noise and dust emissions: _____

Describe daily cleaning/housekeeping activities, including parking lots, staging areas and adjacent public ways: _____

Please describe how you will screen for unauthorized materials including, but not limited to, municipal solid waste and hazardous materials. (*Include information pertaining to the schedule for removal of materials.*) _____

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Site Plan: Drawings of the site must accompany the application form. All objects on the site plans must be named. The maximum site plan allowed is 11" x 17". Blueprints are not acceptable. Electronic copies of the plans can also be submitted. For all permits, the site plan must identify the following items, when applicable:

Location of all buildings and structures

Location of all surrounding fences and screens. Indicate approximate height: _____

Location where customers will unload materials

Location of all scales

Flow direction of surface water (storm water, dust control, etc.)

Location of sewers

Location of material processing areas

Location of material storage areas

Traffic flow for customer vehicles

Location of any other facility operation not already identified in this question

Location of water sources for fire protection and dust control

Location of surrounding streets and avenues

Location of all paved surfaces and type of paving (concrete, asphalt, stone) _____

Location of required records

Is the facility secured from unauthorized entry? _____

Certification

I certify that I have personally examined and am familiar with all the information submitted in response to the questions contained in this application and the attached document(s), and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

Name: _____

Title: _____

Company Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Signature: _____

**MAIL ALL PAYMENTS ALONG WITH THIS FORM TO:
COOK COUNTY DEPARTMENT OF REVENUE
118 N. CLARK STREET, ROOM 1160
CHICAGO, IL 60602**



**COOK COUNTY
ENVIRONMENTAL CONTROL
(312) 603 - 8217**

ENVIRONMENTAL CONTROL

SOLID WASTE AND RECYCLING

Facility Name:		Contact Number:	
		()	
Facility Address:	City:	State	Zip:

PLEASE SELECT ONE OF THE FOLLOWING BELOW:

ALLOCATION CODE		DESCRIPTION	AMOUNT
	4309	EW - LANDFILL TIPPING FEES (Special Fund 585) - Quarterly	
	4310	EW - TRANSFER STATION TIPPING FEES (Special Fund 585) - Quarterly	
	4312	EW - RECYCLING FACILITY PERMIT APPLICATION FEES (General fund) - Annually	
	4311	EW - CLEAN CONSTRUCTION AND DEMOLITION DEBRIS (CCDD) PERMIT APPLICA-TION FEES (General Fees) - Annually	
			TOTAL AMOUNT \$

Detach Below

PAYMENTS WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED COUPON

ENVIRONMENTAL CONTROL - SOLID WASTE AND RECYCLING


**MAIL ALL PAYMENTS ALONG WITH COUPON TO:
COOK COUNTY DEPARTMENT OF REVENUE
118 N. CLARK STREET, ROOM 1160
CHICAGO, IL 60602**

FACILITY NAME: _____

PHONE NUMBER: () _____

FACILITY ADDRESS: _____

Date of Application: _____

	4309	EW - LANDFILL TIPPING FEES	\$
	4310	EW - TRANSFER STATION TIPPING FEES	\$
	4312	EW - RECYCLING FACILITY PERMIT APPLICATION FEES	\$
	4311	EW - CLEAN CONSTRUCTION & DEMOLITION DEBRIS (CCDD) PERMIT APPLICATION FEES	\$
 AMOUNT DUE			\$

FOR OFFICE USE ONLY

Account/Permit Number: